

Case Number:	CM15-0184645		
Date Assigned:	09/25/2015	Date of Injury:	11/28/2014
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on 11-28-14. The injured worker is being treated for muscle spasm, thoracic-lumbar neuritis and lumbar region sprain-strain. Treatment to date has included physical therapy and activity modifications. On 8-17-15, the injured worker complains of low back pain that shoots down her right lower extremity below the knee; prolonged sitting-standing and bending forward increase her symptoms and sometimes her right lower extremity gives out. Work status is noted to be modified duties. Physical exam on 8-17-15 revealed palpable spasm over the L4-S1 region and left sacroiliac joint and some paresthesias over the right lower extremity with decreased range of motion f lumbar spine. The treatment plan included a request for a trial of 9 chiropractic visits. On 9-16-15 request for 9 chiropractic visits was modified to 6 visits by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trial of Chiropractic visits x9 visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The utilization review document of September 16, 2015 denied the treatment request for nine chiropractic visits as an initial trial of care to manage the patient's lumbar spine citing CA MTUS chronic treatment guidelines. The patient's past medical history of treatment included physical therapy for approximately four months at two times per week with a subsequent initial chiropractic evaluation that led to the treatment request for nine chiropractic visits to manage residuals of a lumbar spine sprain with radiculitis and muscle spasm. The treatment request of nine visits exceeded the CA MTUS chronic treatment guidelines for manipulation, which recommend six visits. The medical necessity to exceed the CA MTUS chronic treatment guidelines was not found in the reviewed medical records, which support only the initial trial of six manipulative visits with evidence of functional improvement supporting additional treatment if requested. The request is not medically necessary.